

## HEALTH ENTITIES

**COMPANY NAME:** \_\_\_\_\_ **NAIC Company Code:** \_\_\_\_\_

**Contact:** \_\_\_\_\_ **Telephone:** \_\_\_\_\_

**REQUIRED FILINGS IN THE STATE OF:** LOUISIANA **Filings Made During the Year 2006**

(1) Check- list	(2) Line #	(3) REQUIRED FILINGS FOR THE ABOVE STATE	(4) NUMBER OF COPIES*			(5) DUE DATE	(6) FORM SOURCE**	(7) APPLICABLE NOTES
			Domestic		Foreign			
			State	NAIC	State			
		<b>I. NAIC FINANCIAL STATEMENTS</b>						
	1	Annual Statement (8 1/2"x14")	2	1	xxx	3/1	NAIC	A, B, E-O
	1.1	Printed Investment Schedule detail (Pages E01-E25)	2	1	xxx	3/1	NAIC	A, B, E-O
	2	Quarterly Financial Statement (8 1/2" x 14")	2	1	xxx	5/15, 8/15, 11/15	NAIC	A, B, E-O
		<b>II. NAIC SUPPLEMENTS</b>						
	10	Actuarial Opinion	2	1	xxx	3/1	Company	A, B, E-O
	11	Investment Risk Interrogatories	2	1	xxx	4/1	NAIC	A, B, E-O
	12	Life Supplemental Data due March 1	2	1	xxx	3/1	NAIC	A, B, E-O
	13	Life Supplemental Data due April 1	2	1	xxx	4/1	NAIC	A, B, E-O
	14	Long-term Care Experience Reporting Forms	2	1	xxx	4/1	NAIC	A, B, E-O
	15	Management Discussion & Analysis	2	1	xxx	4/1	Company	A, B, E-O
	16	Medicare Supplement Insurance Experience Exhibit	2	1	xxx	3/1	NAIC	A, B, E-O
	17	Property/Casualty Supplement due March 1	2	1	xxx	3/1	NAIC	A, B, E-O
	18	Property/Casualty Supplement due April 1	2	1	xxx	4/1	NAIC	A, B, E-O
	19	Risk-Based Capital Report	2	1	xxx	3/1	NAIC	A, B, E-O
	20	Schedule SIS	2	N/A	N/A	3/1	NAIC	A, B, E-O
	21	Supplemental Compensation Exhibit	2	N/A	N/A	3/1	NAIC	A, B, E-O
		<b>III. ELECTRONIC FILING REQUIREMENTS</b>						
	30	Annual Statement Electronic Filing	xxx	1	xxx	3/1	NAIC	
	31	March .PDF Filing	xxx	1	xxx	3/1	NAIC	
	32	Risk-Based Capital Electronic Filing	xxx	1	N/A	3/1	NAIC	
	33	Supplemental Electronic Filing	xxx	1	xxx	4/1	NAIC	
	34	Supplemental .PDF Filing	xxx	1	xxx	4/1	NAIC	
	35	June .PDF Filing	xxx	1	xxx	6/1	NAIC	
	36	Quarterly Electronic Filing	xxx	1	xzx	5/15, 8/15, 11/15	NAIC	
	37	Quarterly .PDF Filing	xxx	1	xxx	5/15, 8/15, 11/15	NAIC	
		<b>IV. AUDITED FINANCIAL STATEMENTS</b>						
	51	Accountants Letter of Qualifications	2	N/A	N/A	6/1	Company	A, B, E, F, J, O
	52	Audited Financial Statements	2	1	1	6/1	Company	A, B, E, F, J, O
	53	Audited Financial Statements Exemption Affidavit	0	N/A	1		Company	
	54	Independent CPA	2	N/A	N/A	6/1	Company	A, B, E, F, J, O
	55	Notification of Adverse Financial Condition	2	N/A	1	6/1	Company	A, B, E, F, J, O
	56	Report of Significant Deficiencies in Internal Controls	2	N/A	1	6/1	Company	A, B, E, F, J, O
	57	Request for Exemption to File	1	N/A	1	6/1	Company	A, B, E, F, J, O
		<b>V. STATE REQUIRED FILINGS</b>						
	101	Certificate of Compliance	0	0	1	3/1		A, B, E, F, O
	102	Certificate of Deposit	0	0	1	3/1		A, B, E, F, O
	103	Certificate of Valuation	0	0	1	3/1		A, B, E, F, O
	104	Filings Checklist (with Column 1 completed)	2	1	1	3/1, 5/15, 8/15, 11/15	State	A, B, E-O
	105	Premium tax (State Filing Fees included in Premium Tax)	1	0	1	3/1	State	A-O
	106	Signed Jurat	0	xxx	1	3/1, 5/15, 8/15, 11/15	NAIC	A, B, E-O
	107	Stop-Loss Worksheet	1	N/A	1	3/1	State	A, B, E, F, I, O
	108	Holding Company Registration Statement (Form B)	1	N/A	N/A	4/30	State	A, B, E-O
	109	Detailed Listing of Investments w/Code Citation	1	N/A	0	3/1	State	A, B, E, F, I, O

\*If XXX appears in this column, this state does not require this filing, if hard copy is filed with the state of domicile and the NAIC and if the data is filed electronically with the NAIC. If N/A appears in this column, the filing is required with the domiciliary state.

\*\*If Form Source is NAIC, the form should be obtained from the appropriate vendor.

		<b>NOTES AND INSTRUCTIONS (A-K APPLY TO ALL FILINGS)</b>	
	A	Required Filings Contact Person:	Stewart Guerin (225) 219-3929 <a href="mailto:sguerin@ldi.state.la.us">sguerin@ldi.state.la.us</a>
	B	Mailing Address:	Attn: Administrative Services P.O. Box 94214 Baton Rouge, La 70804
	C	Mailing Address for Filing Fees:	Included with the Premium Tax Filing
	D	Mailing Address for Premium Tax Payments:  (Questions regarding premium tax related issues should be directed to: Lance Herrin (225) 342-1012, <a href="mailto:lherrin@ldi.state.la.us">lherrin@ldi.state.la.us</a> )	Attn: Premium Tax Division P.O. Box 94214 Baton Rouge, La 70804
	E	Delivery Instructions:	All filings must be delivered through the US Postal Service in accordance with LDOI Rule No. 12.
	F	Late Filings:	All filings should be postmarked by the indicated due date. Any filing postmarked after the original or extended due date is considered late and a fine may be imposed.
	G	Original Signatures:	Original signatures are required for domestic insurers.
	H	Signature/Notarization/Certification:	Signatures of at least two principal officers are required for annual and quarterly statements.
	I	Amended Filings:	Amended filings should follow the same guidelines as original filings.
	J	Exceptions from normal filings:	Exemption and extension requests should be submitted in writing at least ten (10) days prior to the original due date.
	K	Bar Codes (State or NAIC)	Not Applicable
	L	Signed Jurat	Foreign insurers must submit a signed Jurat Page with original signatures in lieu of the annual statement and quarterly statements.
	M	NONE Filings:	NONE filings are not required.
	N	Filings new, discontinued or modified materially since last year:	
	O	Physical Street Address	1702 North Third Street Baton Rouge, LA 70802

**General Instructions  
For Companies to Use Checklist**

**Please Note:** This state's instructions for companies to file with the NAIC are included in this Checklist. The NAIC will send mailing labels and other information to all companies but will not be sending their own checklist this year.

**Electronic Filing is intended to include filing via the Internet or filing via diskette with the NAIC. Companies that file with the NAIC via the Internet are not required to submit diskettes to the NAIC.**

**Column (1) (Checklist)**

Companies may use the checklist to submit to a state, if the state requests it. Companies should copy the checklist and place an "x" in this column when mailing information to the state.

**Column (2) (Line #)**

Line # refers to a standard filing number used for easy reference. This line number may change from year to year.

**Column (3) (Required Filings)**

Name of item or form to be filed.

The ***Annual Statement Electronic Filing*** includes the annual statement data and all supplements due March 1, per the *Annual Statement Instructions*. This includes all detail investment schedules and other supplements for which the *Annual Statement Instructions* exempt printed detail.

The ***March .PDF Filing*** is the .pdf file for annual statement data, detail for investment schedules and supplements due March 1.

The ***Risk-Based Capital Electronic Filing*** includes all risk-based capital data.

The ***Supplemental Electronic Filing*** includes all supplements due April 1, per the *Annual Statement Instructions*.

The ***Supplemental .PDF Filing*** is the .pdf file for all supplemental schedules and exhibits due April 1.

The ***Quarterly Electronic Filing*** includes the complete quarterly filing and the PDF files for all quarterly data.

The ***Quarterly .PDF Filing*** is the .pdf file for quarterly statement data.

The ***June .PDF Filing*** is the .pdf file for the Audited Financial Statements.

**Column (4) (Number of Copies)**

Indicates the number of copies that each foreign or domestic company is required to file for each type of form. The Blanks (E) Task Force modified the 1999 *Annual Statement Instructions* to waive paper filings of certain NAIC supplements and certain investment schedule detail, if such investment schedule data is available to the states via the NAIC database. The checklists reflect this action taken by the Blanks (EX4) Task Force. XXX appears in the "Number of Copies" "Foreign" column for the appropriate schedules and exhibits. **Some states have chosen to waive printed quarterly and annual statements from their foreign insurers and have chosen to rely upon the NAIC database for these filings. This waiver could include supplemental annual statement filings. The XXX in this column might signify that the state has waived the paper filing of the annual statement and all supplements.**

**Column (5) (Due Date)**

Indicates the date on which the company must file the form.

**Column (6) (Form Source)**

This column contains one of three words: “NAIC,” “State,” or “Company.” If this column contains “NAIC,” the company must obtain the forms from the appropriate vendor. If this column contains “State,” the state will provide the forms with the filing instructions (generally, on the state web site). If this column contains “Company,” the company, or its representative (e.g., its CPA firm), is expected to provide the form based upon the appropriate state instructions or the NAIC *Annual Statement Instructions*.

**Column (7) (Applicable Notes)**

This column contains references to the Notes to the Instructions that apply to each item listed on the checklist. The company should carefully read these notes before submitting a filing.